6/29/2004 AMENDEL 138 04 004 043 Authorization No. 04 - 3777YSICIANS MUST COMPLETE SHADED 2004 - 178 RHODE ISLAND DEPARTMENT OF HEALTH PEAS ONLY FUNERAL HOME MUST LOCAL FILE NUMBER MEDICAL EXAMINER CERTIFICATE OF DEATH STATE FILE NUMBER DMPLETE UNSHADED AREAS. DATE OF DEATH MOUNT day year DECEASED - FIRST NAME MIDDLE DECEDENT Female May 20 2004 (b)(3):CPSA Section 25(c) f Instructions CITY, TOWN, OR LOCATION OF DEAT HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) 4Newport Newport Hospital WAS DECEDENT EVER IN U.S. ARI FORCES? (Specify Yes or No) NAME Y UNDER I DAY BIRTHPLACE (City and State or Foreign Country) DATE OF BIRTH (Month, day, year) E OR PRINT LACK INK AGE - LAST BIRTHDAY (YEARS) . 58. RI Newport (b)(6)5b. DED, NEVER MARRIED, DWED, DIVORCED (Specific - Cuban, Mexican, P. Rican, MARKED, NEVER MARRIED, SP. SP. Btc. (Specify)

Tican Never Married 11. SPOUSE (If wife, give maiden name) RACE - Am. Indian, Black, White, etc. ETHNIC ORIGIN Hmong, Laotian, etc. (Specify) American White USUAL OCCUPATION IGNE and of work done during most of working life, Do NOT use 1894)

13a. KIND OF BUSINESS OR INDUSTRY SOCIAL SECURITY NUMBER none (b)(3):CPSA Section 13h CITY OR TOWN OF RESIDENCE, STATE & ZIP CODE RESIDENCE ADDRESS (House number, street name) 1 (b)(6)146 MAILING ADDRESS — If different from residence address in item above (Fig. 36) AR, City/Town or Village, State, Zip Code MIDDLE MOTHER - FIRST NAME MIDDLE MAIDEN NAME EATHER _ FIRST NAME PARENTS (b)(6)(b)(6)16 MAILING ADDRESS (Street or R.F.D. Number, City or Town, State, Zip Code) INFORMANT - NAME (b)(6)186. 18. CITY OR TOWN STATE PLACE OF DISPOSITION (Name of camelary, cramatory, or other place) BURIAL CREMATION, DONATION, OTHER (Specify) **SPOSITION** Cremation (b)(6)FUNERAL HOME/DI LICENSE NUMBER SIGNATURE OF FUNERAL HOME LICENSEE FUNERAL HOME - NAME (b)(6)(b)(6)(b) 20b 20c. FUNERAL HOME ADDRESS (Street or R.F.D. Number, City or Yown, State, Zip Code ITEMS BELOW TO BE COMPLETED BY (b)(6)F HOSP OR MST stricture DOA OP/Emer: Feet, impatient (Seeten) On the basic of examination and/or investigation, in my opinion death occurred at the time, date and place and due DEGREE OR TITLE HOUR OF DEATH Historian, so state WEDICAL XAMINER ENGLISS PM RILESSE UNER MEmergency Room to the cause(s) state. er requeres. The 214 MRY 21 2004 RECHOUNCED DEAD AGENT, 481, 1941 mc00518 (b)(6)PRINTED or PRONOUNCED DEAD HOU D IN BLACK INK. lurus musi aiso BLACK INK. ATH ONABY 20 2004
ADDRESS OF MEDICAL EXAMPLE 214-AR -38 PM NAME OF MEDICAL EXAMINED TYPE OF TH #46 Orms Street, Providence, Rt 02904 III CONTRACT TE RECEIVED BY BEGISTRAR (Month, day, yr.)
MAY 2 6 2004 REGISTRAR FILE DATE - DATE **EGISTRAR** 23. PART I Error the disease or heart fallers. THINGS INCOMPRISED THE CALLED STRONG PROPERTY OF THE MODE OF SAME SECTION OF THE PROPERTY OF T Approximate Interval Bah Creef and Coeffs CAUSE OF DEATH MECIATE CAUSE (Final disease or condition resulting in death) INSTRUCTIONS THER SIDE By E. Securitary is conditors, if any, sudding to immediate cause Enter (MCMERLY MA) **obstruction of nose and mouth M.D. DUE TO TORIAS A GONSEQUENCE OF CAUSE (Disease & injury trat initiated events recurring it theirly LAST DUR TO (CRIAB A CONSEQUENCE OF):

12-6-2004 04-3777 U a END Σ *

2440

ACC SUICES HOW TREET Record & Accident Markettic NURY of WORK opens as

**EG# N. PO . 2064

PART 1. Other significant condepone commissions to death busings residing in the sixtestying cause given in Part **Chronic anuncle enwerballerating due to meconium aspiration at birth

ACT OF REALPHY -- A HOME BY: BY: BEEN BELLY, COME

Attrepidence

AUTOPS: THE YES HORROF NAME OF CHARGE HOW MARKY OCCUPAND & POUND INTERSPENSIVE IN CT **12:30-1:00 Avrith face codeed between mattress and namper; see **PM | 200 Avrith face codeed between mattress and namper;

RI BIRTH SFN (b)(6

R.I. Law requires Funeral Director to file this certificate with the City or Town Clerk at the Place of Death within 7 days.

HAY 2 7 2004